PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

28454.24

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			9				Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			9 minus 20= '		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =		*		Ī	X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in co					olumn 2	L	OTAL	354	OR	TOTAL		
CLAIMS AS AMENDED - PART II							_	0				THAN
		(Column 1)		(Colur		(Column 3)	· -	MALL		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	,	NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		= .		X\$ 9=	<u>.</u>	OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X40=	-	OR	X80=	
	FINOT FRESE	NIATION OF WA	JEHPLE DEI	ENUCINI	CLAIN		+	135=		OR	+270=	
		•		•			ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
i	•	(Column 1)		(Colun	nn 2)	(Column 3)			٠.			
AMENDMENT B	· .	CLAIMS REMAINING AFTER AMENDMENT	. 13 (g) (1 3 g)	HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
	Total	* .	Minus	** ,		=	;	K\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	CL AIM	=		X40=	* *-\!\	OR	*X80=	
Best Available Copy							\	·135=		OR	+270=	
	bosi Avallable Copy						AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	;	X\$ 9=	3.4 S.	OR	X\$18=	
	Independent	*	Minus	***	CI AINA	=		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							·135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." * TOTAL ADDIT. FEE												
**	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE i	s less tha	n 20, enter "20."	" AD			OR		